



**Service Priorities and Programmes
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Prevalence Study of Cognitive Impairment Among Delirious Elderly Patients In Acute Geriatric Setting

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Introduction

Delirium is a common and severe neuropsychiatric syndrome, affecting hospitalized elder patients. It is associated with significant morbidity and mortality. Delirium Care Model (DCM) was adopted for effective management of delirious patients in the acute geriatric setting. Pre-existing cognitive impairment such as dementia is a predisposing risk factor for both incident and prevalent delirium after acute admission.

Objectives

1. To determine the prevalence of cognitive impairment among hospitalized delirious older adults. 2. To evaluate its effects on their hospital courses.

Methodology

We retrospectively reviewed the medical records from a delirium registry system of patients who were admitted to two acute geriatric wards and diagnosed delirium within hospitalization.

Result

Results: Totally 52 patients (20 males) were recruited from mid 2011 to 2013. Among the subjects, 27 of them had underlying cognitive impairment (51.9%). The mean age was 84.5 and no difference between delirious patients with underlying cognitive impairment and delirium alone (84.3 versus 84.6). The median length of stay of patients with and without underlying cognitive impairment was 4 and 7 days respectively, and the difference has statistical significance (Mann-Whitney, $Z=-3.12$, $p=0.001$). Totally, six delirious elderly were dead within admission and half of them had underlying cognitive impairment. The 1-year mortality was 26.9% among all delirious elderly. There is no statistical significance between the two groups in in-patient (11.1% versus 12%) and 1-year mortality (25.9% versus 28%). Conclusion: High prevalence of pre-existing cognitive impairment among delirious elderly patients was found, but its impact on mortality was not well explored in the present study

probably due to small subject numbers. A further study may be needed to identify if underlying cognitive impairment is one of the risk predictors of mortality in delirium.